## **Amendments to the Claims:**

This listing of claims will replace all prior versions, and listings of claims in the application:

## **Listing of Claims:**

- 1. 26. (Canceled)
- 27. (Currently amended) A method of treating an individual <u>having an</u> abnormal permanent enlargement of an airspace distal to a terminal bronchiole in a lung, said method comprising:

providing a blocking element;

bronchiole in a bronchial passageway of the individual so that the blocking element prohibits air from flowing past the blocking element in an inhalation direction within the bronchial passageway and also prohibits air from flowing past the blocking element in an exhalation direction within the bronchial passageway; and

releasing the blocking element in the <u>terminal bronchiole</u>, wherein the blocking element prohibits air from flowing through the terminal bronchiole into the airspace as the <u>patient inhales</u> and isolates the airspace supplied by the terminal bronchiole so that the airspace deflates over time as the air in the airspace becomes absorbed bronchial passageway.

- 28. (Currently amended) The method of claim 27, wherein the blocking element is inserted in the <u>terminal bronchiole</u> <u>bronchial passageway</u> in a compressed state and expands into engagement with a wall of the <u>terminal bronchiole</u> <u>bronchial passageway</u>.
- 29. (Currently amended) The method of claim 28, wherein the blocking element expands into sealing engagement with the <u>terminal bronchiole</u> <del>bronchial passageway to</del>

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form an air tight seal between the blocking element and a wall of the <u>terminal</u> bronchiolebronchial passageway.

- 30. (Currently amended) The method of claim 27, wherein the blocking element comprises a securing element that is expandable to a shape suitable for engaging a wall of the terminal bronchiolebronchial passageway.
- 31. (Currently amended) The method of claim 30, wherein the blocking element is inserted in the <u>terminal bronchiole</u> <u>bronchial passageway</u> in a compressed state and expands into engagement with the wall of the <u>terminal bronchiole</u> <u>bronchial passageway</u>.
- 32. (Original) The method of claim 27, wherein the blocking element comprises a substantially cylindrical plug of biocompatible material.
- 33. (Original) The method of claim 32, wherein the plug comprises resiliently deformable closed-cell foamed plastics material.
- 34. (Original) The method of claim 30, wherein the securing element comprises a stent.
- 35. (Currently amended) The method of claim 30, wherein the securing element comprises a memory metal which is released to an expanded shape by a change in a physical parameter after it has been inserted in the <u>terminal bronchiolebronehial passageway</u>.
- 36. (Original) The method of claim 27, wherein the blocking element comprises a balloon or a diaphragm.

37. (Currently amended) The method of claim 27, further comprising: inserting a delivery tube into the <u>terminal bronchiole</u> <del>bronchial passageway</del>, the delivery tube loaded with the blocking element; and

guiding the delivery tube to a suitable location within the <u>terminal bronchiole</u> bronchial passageway prior to releasing the blocking element.

- 38. (Original) The method of claim 37, wherein the blocking element is released by pushing the blocking element out of the delivery tube.
  - 39. (Currently amended) The method of claim 27, further comprising: providing a second blocking element;

passageway of the individual so that the second blocking element prohibits air from flowing past the second blocking element in an inhalation direction within the second bronchial passageway and also prohibits air from flowing past the second blocking element in an exhalation direction within the second bronchial passageway; and

releasing the second blocking element in the second terminal bronchiole so that the second blocking element prohibits air from flowing through the second terminal bronchiole into a second airspace as the patient inhales and isolates the second airspace so that the second airspace deflates over time as the air in the second airspace becomes absorbed bronchial passageway.

## 40. (Canceled)

41. (Currently amended) The method of claim <u>27</u> [[40]], wherein the lung disease is emphysema.

## 42.-48. (Canceled)

49. (Currently amended) A method of treating an individual <u>having an</u> abnormal permanent enlargement of an airspace distal to a terminal bronchiole in a lung, <u>said</u> method comprising:

inserting a material in <u>the terminal bronchiole</u> a bronchial passageway of the individual so that the material prohibits air from flowing through the <u>terminal bronchiole</u> bronchial passageway in <u>both</u> an inhalation direction and <u>also prohibits air from flowing through</u> the bronchial passageway in an exhalation direction; and

releasing the material in the <u>terminal bronchiole</u> <u>bronchial passageway</u> <u>so that air</u> <u>is trapped in the airspace distal to the terminal bronchiole and is absorbed over time</u>.

- 50. (Previously presented) A method as in claim 34, wherein the stent is a self-expanding stent.
- 51. (New) A method as in claim 49, wherein the abnormal permanently enlarged airspace is caused by emphysema.